Revision:	HCFA-PM-91- 4 AUGUST 1991	(BPD) OMB No.: 0938-					
	State: _	North Carolina					
<u>Citation</u> 1902(a)(52 and 1925 c	•	Families Receiving Extended Medicaid Benefits					
the Act	(a)	Services provided to families during the first 6-month period of extended Medicaid benefits under Section 1925 of the Act are equal in amount, duration, and scope to services provided to categorically needy AFDC recipients as described in https://doi.org/10.1007/html/recipients as described in https://doi.org/10.1007/html/recipients as described in					

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<u>Citation</u>	3.5	Families (Continue	Receiving Extended Medicaid Benefits ed)
			Private duty nursing services.
		<u></u>	Physical therapy and related services.
		<i></i> /	Other diagnostic, screening, preventive, and rehabilitation services.
		_7	Inpatient hospital services and nursing facility services for individuals 65 years of age or over in an institution for mental diseases.
			Intermediate care facility services for the mentally retarded.
	÷		Inpatient psychiatric services for individuals under age 21.
			Hospice services.
			Respiratory care services.
		<u></u>	Any other medical care and any other type of remedial care recognized under State law and specified by the Secretary.
TN No.	92-01		······································
Supersec	des Approv	al Date _	10-21-92
•			HCEN ID. 7002F

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	State: No.	orth Carolir	a		
Citation		lies Receivi	ng Extended Medi	caid Benef	<u>its</u>
	(c) <u>/</u> /	fees, ded	y pays the family actibles, coinsur a plans offered b as payments for a	rance, and by the care	similar costs
		/ lst	6 months	_/ 2nd 6	months
			y requires careta ' health plans as ty.		
		/ lst	6 mos	2nd 6 mos	з.
	(d) <u>/_</u> /	famili extend	dicaid agency pr es during the se ed Medicaid bene ing alternative	cond 6-mon	th period of
		∠_/ Eng emp	collment in the follower's health p	amily opti olan.	on of an
			collment in the followee health pla		on of a State
			rollment in the Sinsured.	State healt	h plan for the
		or of	rollment in an el ganization (HMO) less than 50 per xcept recipients	with a pre rcent Medic	epaid enrollment caid recipients
					
TN No.		Date10-2	1-92 Effec	tive Date	1/1/92
TN No.	90-9		VOE	. TD. 700	25

vision:	HCFA-PM-91- 4 AUGUST 1991	(BPD)	OMB No.:	938-
	State: _	North Carolin	a	
<u>itation</u>		ontinued) Supplement 2 to describes the al offered, includi	Extended Medicaid Benefi ATTACHMENT 3.1-A specifi ternative health care pl ng requirements for assu access to services of ac	es and an(s) ring that
	(2)	The agency		
		(i) Pays all on the far	premiums and enrollment in the property of the	Tees imposed
			deductibles and coinsurary for such plan(s).	nce imposed on
	4			
			-	
			•	
TN No.	92-01	val Date	Effective Date	1/1/92

HCFA ID: 7982E

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// Enrollment in an eligible health maintenance organization (HMO) that has an enrollment of less than 50 percent of Medicaid recipients who are not recipients of extended Medicaid.

Supplement 2 to ATTACHMENT 3.1-A specifies and describes the alternative health care plan(s) offered, including requirements for assuring that recipients have access to services of adequate quality.

- (2) The agency--
 - (i) Pays all premiums and enrollment fees imposed on the family for such plan(s).
- /_/ (ii) Pays all deductibles and coinsurance imposed on the family for such plan(s).

TN No. 90-09 Supercedes TN No. new Approval Date JUN 22 1990 Effective Date 4/1/90

90.9 mo. New Joseph Pive 4-1-90